

**Town of Florence
P.O. Box 2670
775 n. Main Street
Florence, AZ 85232
(520) 868-7500 or TDD (520) 868-7502
FAX # (520) 868-7501**

Independent/Outside Contractor

Vendor Number _____
(Finance Office Use Only)

Contractors Name: _____

Mailing Address: _____

City/Town, State and Zip: _____

Contractors Social Security # or Taxpayer Id #: _____

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Please attach a copy of your Workman's Compensation Certificate (if applicable) or Sole Proprietor Waiver and Liability Certificate, naming the Town of Florence as additionally insured.

Under the payment arrangements of a "contractor" payment is made through the accounts payable system. There will be no state income tax, state disability, federal income tax, federal Medicare or social security taxes, retirement benefits or federal unemployment taxes withheld or contributed. The "contractor" is responsible for remitting these if applicable.

A Federal 100 Form will be issued in compliance with Federal Regulations for the calendar year ending. Please complete form W-9, link provided below:  
<http://www.irs.gov/pub/irs-fill/fw9.pdf>

Date: \_\_\_\_\_ Department contracted with \_\_\_\_\_

I understand and accept the above conditions. (Attach copy of contract).